

CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

A fee of \$230 must accompany this form for permits
with priority dates of July 9, 1987, or later.

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SECTION 1 GENERAL INFORMATION

1. File Information:

| | | |
|---------------------------------|--|---|
| APPLICATION # G-15106 | PERMIT # (IF APPLICABLE) G-13885 | PERMIT AMENDMENT # (IF APPLICABLE) T-NA |
|---------------------------------|--|---|

2a. Property Owner (current owner information): TL 4 1E 16 3100 and 3200

| | | | | |
|--|--------------------|----------------------------------|------------------------|--|
| APPLICANT/BUSINESS NAME Marcia Harris Trust, Marcia Harris Trustee | | PHONE NO. 503-341-2333 | ADDITIONAL CONTACT NO. | |
| ADDRESS PO Box 326 | | | | |
| CITY Aurora | STATE OR | ZIP 97002 | E-MAIL | |

2b. Property Owner (current owner information): TL 4 1E 16 3000

| | | | | |
|--|--------------------|---------------------|------------------------|--|
| APPLICANT/BUSINESS NAME Michael Holleman | | PHONE NO. | ADDITIONAL CONTACT NO. | |
| ADDRESS 26810 S. Bolland Rd | | | | |
| CITY Canby | STATE OR | ZIP 97013 | E-MAIL | |

2c. Property Owner (current owner information): TL 4 1E 16 2900

| | | | | |
|--|--------------------|---------------------|------------------------|--|
| APPLICANT/BUSINESS NAME Oregon Northwest Agriculture LLC | | PHONE NO. | ADDITIONAL CONTACT NO. | |
| ADDRESS PO Box 230027 | | | | |
| CITY Tigard | STATE OR | ZIP 97281 | E-MAIL | |

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each*** permit holder of record must sign this form.

3. Permit holder of record (this may, or may not, be the current property owner):

TL 4 1E 16 3100 and 3200

| | | |
|---|--------------------|---------------------|
| PERMIT HOLDER OF RECORD Randy and Marcie Harris | | |
| ADDRESS 26758 S. Bolland Rd | | |
| CITY Canby | STATE OR | ZIP 97013 |

TL 4 1E 16 2900 and 300

| | | |
|---|--------------------|---------------------|
| ADDITIONAL PERMIT HOLDER OF RECORD Chris and Diane Youngblood | | |
| ADDRESS 26810 S. Bolland Rd. | | |
| CITY Canby | STATE OR | ZIP 97013 |

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4. Date of Site Inspection:

June 11, 2024

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5. Person(s) interviewed and description of their association with the project:

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|----------------------|----------------------|------------------------------|
| Marcie Harris | June 11, 2024 | Owner / Operator |

6. County

Clackamas County

7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

TL 4 1E 16 3000

| | | |
|--|--------------------|---------------------|
| OWNER OF RECORD Michael Holleman | | |
| ADDRESS 26810 S. Bolland Rd. | | |
| CITY Canby | STATE OR | ZIP 97013 |

Add additional tables for owners of record as needed

TL 4 1E 16 2900

| | | |
|--|--------------------|---------------------|
| OWNER OF RECORD Oregon Northwest Agriculture LLC | | |
| ADDRESS PO Box 230027 | | |
| CITY Tigard | STATE OR | ZIP 97281 |

**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



| | | | |
|--|--------------------|------------------------------------|---|
| CWRE NAME Doann Hamilton | | PHONE No. (503) 632-5016 | ADDITIONAL CONTACT No. (503) 349-6946 |
| ADDRESS 18487 S. Valley Vista Road | | | |
| CITY Mulino | STATE OR | ZIP 97042 | E-MAIL phgdmh@gmail.com |

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Permit Holder of Record Signature or Acknowledgement

Each permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

| SIGNATURE | PRINT OR TYPE NAME | TITLE | DATE |
|-------------------------|--------------------|----------------|---------------|
| <i>Marcie L. Harris</i> | MARCIE L. HARRIS | OWNER/OPERATOR | OCT. 15, 2024 |
| | | | |
| | | | |

**SECTION 3
CLAIM DESCRIPTION**

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1. Point of appropriation name or number:

| POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP) | WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE) | WELL TAG # (IF APPLICABLE) |
|---|--|-------------------------------|
| Well | CLAC 55589 | NA |

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Point of appropriation source, if indicated on permit:

| POA NAME OR NUMBER | SOURCE BASIN LOCATED WITHIN | TRIBUTARY |
|-----------------------|--------------------------------|---------------|
| Well | A well in Gribble Creek Basin | Molalla River |

3. Developed use(s), period of use, and rate for each use:

| POA NAME OR NUMBER | USES | IF IRRIGATION, LIST CROP TYPE | SEASON OR MONTHS WHEN WATER WAS USED | ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF) |
|-------------------------------------|---------|----------------------------------|--|--|
| Well | Nursery | NA | Year round | 0.23 cfs |
| Total Quantity of Water Used | | | | 0.23 cfs |

4. Provide a general narrative description of the distribution works. This description must trace the water system from each point of appropriation to the place of use:

Water is pumped from the well (CLAC 55589) using a 7.5 Hp submersible pump to convey water though 3 feet of above-ground galvanized pipe heading south and angling into the ground connecting to 2-inch PVC buried pipe continuing to the south into the shed. Inside the shed, the 2-inch above ground PVC goes through a small filter before connecting to three 119 gallon pressure tanks. After the last pressure tanks, the 2-inch PVC pipe splits into three lines. One line goes to the house and another goes to the old shop to the north. Neither of these lines is metered. The last line

goes through a meter before exiting the shed to the south for irrigation.

Outside the shed, the 2-inch PVC extends upward above ground to go through another filter before extending back below ground and continuing underground to the east. The 2-inch mainline has 9 hydrants supplying the southern in-ground stock and 4 lines teeing to the north to 4 control panels for the northern container yard.

The southern in-ground stock is irrigated from the 9 hydrants. A 3-inch galvanized pipe is attached to each hydrant and extends the full length to the south. Approximately 5 feet in (south), the 3-inch galvanized pipe reduces to 2-inch galvanized pipe. In the 2-inch galvanized pipe has a tee to allowing a 2-inch PVC ball valve to be attached. From this ball valve, a 10-psi pressure regulator is attached and connected to a 2-inch polyethylene tubing continuing east or west. From this 2-inch polyethylene tubing, 0.5-inch drip lines with 6-inch spacing are attached and continue south down each row (64 rows).

The length of each drip line depends on the crop. For the shorter rows this configuration repeats approximately 170 or 340 feet south along the 3-inch galvanized pipe reducing to 2-inch galvanized pipe with a 2-inch PVC ball valve and 10-psi pressure regulator attached connecting to a 2-inch polyethylene tubing continuing east or west with 0.5-inch drip lines with 6-inch spacing continuing south down each row.

At the end of each 2-inch polyethylene tubing, another pressure regulator can be attached allowing a garden hose to be attached for additional watering.

The northern container yard is irrigated from the four control boxes. The 2-inch PVC continues north to the edge of the area then continues east-west where a 1-inch polyethylene tubing is connected, one per row. The 1-inch tubing extends upward and above ground, wrapped around a post, then extends to the north about 2 feet before a 5/8th-inch polyethylene tubing is connected and continues to the north. From the 5/8th-inch tubing, every 2 feet, a 1/4-inch micro-tubing extends down about 2.5 feet with a spot-spitter at the end to be inserted into individual containers.

Crops or nursery stock are irrigated as needed. Irrigation is rotated from container crops and sections of in-ground stock along with garden hoses.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

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5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. **YES**

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

1. The location of Well (CLAC 55589) is more correctly placed at:
125 feet north and 2,160 feet west from the SE corner, Section 16.
2. After field verifying the location of crops being irrigated, the place of use was reduced from the originally authorized acreage.

Original authorized place of use:

| | | | | Full water right | Harris portion |
|---------------|----|----|-------|------------------|----------------|
| 4S | 1E | 16 | SWSE | 11.4 | 8.0 |
| 4S | 1E | 21 | NW NE | <u>14.6</u> | <u>8.0</u> |
| Total: | | | | 26.0 | 16.0 |

Revised place of use:

| | | | | Full water right | Harris portion |
|---------------|----|----|-------|------------------|----------------|
| 4S | 1E | 16 | SWSE | 5.3 | 1.9 |
| 4S | 1E | 21 | NW NE | <u>13.3</u> | <u>6.7</u> |
| Total: | | | | 18.6 | 8.6 |

Note: TL 4 1E 16 3200 is owned by Marcie Harris, but is not included in this Claim of Beneficial Use because there has been no water has been used on this lot under this permit.

6. Claim Summary:

| POA NAME OR # | MAXIMUM RATE AUTHORIZED | CALCULATED THEORETICAL RATE BASED ON SYSTEM | AMOUNT OF WATER MEASURED | USE | # OF ACRES ALLOWED | # OF ACRES DEVELOPED |
|---------------|---|---|--------------------------|---------|--------------------------------------|----------------------|
| Well | 1.0 cfs - full 0.61 cfs - Harris portion | 0.23 cfs | Not Measured | Nursery | 26.0 – full 16.0 - Harris portion | 8.6 - Harris portion |

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **NO**

If "YES" you will need to copy and complete a separate Section 4 for each POA.

POA Name or Number this section describes (only needed if there is more than one):

Well

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A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

| TWP | RNG | MER | SEC | QQ | GLOT | DLC | USE | IF IRRIGATION, # PRIMARY ACRES | IF IRRIGATION, # SUPPLEMENTAL ACRES |
|------------------------------|-----|-----|-----|------|------|-----|---------|--------------------------------|-------------------------------------|
| 4S | 1E | WM | 16 | SWSE | NA | 38 | Nursery | 1.9 | |
| 4S | 1E | WM | 21 | NWNE | NA | 38 | Nursery | 6.7 | |
| Total Acres Irrigated | | | | | | | | 8.6 | |

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLOT), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLOT, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

If "NO", items 2 through 4 relating to this section may be deleted.

2. Describe the access port (type and location) or other means to measure the water level in the well:

½ inch port on west side of the sanitary seal

3. If well logs are not available, provide as much of the following information as possible:

| CASING DIAMETER | CASING DEPTH | TOTAL DEPTH | COMPLETION DATE OF ORIGINAL WELL | COMPLETION DATES OF ALTERATIONS | WHO THE WELL WAS DRILLED FOR | WELL DRILLED BY |
|-------------------------|--------------|-------------|----------------------------------|---------------------------------|------------------------------|-----------------|
| See Well Log CLAC 55589 | | | | | | |

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

See Well Log CLAC 55589

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)?

NO

If "NO", items 2 through 4 relating to this section may be deleted.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

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D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|-------------------|----------|---------------|--|-------------|----------------|
| Franklin Electric | FPS 4400 | Unknown | Submersible | 4 inch | 2 inch |

3. Motor Information:

| MANUFACTURER | HORSEPOWER |
|-------------------|------------|
| Franklin Electric | 7.5 Hp |

4. Theoretical Pump Capacity:

| HORSEPOWER | OPERATING PSI | LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING | LIFT FROM PUMP TO PLACE OF USE | TOTAL PUMP OUTPUT (IN CFS) |
|------------|---------------|--|--------------------------------|----------------------------|
| 7.5 Hp | 60 psi | 74.67 feet (from permit condition pump test) | 0 feet | 0.23 cfs |

5. Provide pump calculations:

$$Q \text{ Pump} = \frac{(7.5 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(74.67 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 0.23 \text{ cfs}$$

6. Measured Pump Capacity (using meter if meter was present and system was operating):

| INITIAL METER READING | ENDING METER READING | DURATION OF TIME OBSERVED | TOTAL PUMP OUTPUT (IN CFS) |
|-------------------------------|----------------------|---------------------------|----------------------------|
| Not running during site visit | | | |

Reminder: For pump calculations use the reference information at the end of this document.

7. Is the distribution system piped?

YES

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

| MAINLINE SIZE | LENGTH | TYPE OF PIPE | BURIED OR ABOVE GROUND |
|---------------|---------|--------------|------------------------|
| 2 inch | ~750 ft | PVC | Buried |

9. Lateral or Handline Information:

| LATERAL OR HANDLINE SIZE | LENGTH | TYPE OF PIPE | BURIED OR ABOVE GROUND |
|--------------------------|-------------|-----------------------------|------------------------|
| 3 inch | ~50 ft | Galvanized | Above ground |
| 2 inch | ~ 44,800 ft | Galvanized | Above ground |
| 2 inch | 20,100 ft | Polyethylene | Above ground |
| 1 inch | ~280 ft | Polyethylene | Above ground |
| 5/8 inch | ~4,200 ft | Polyethylene | Above ground |
| ¼ inch | ~6,000 ft | Polyethylene | Above ground |
| Garden hose 3/4" | ~1,000 ft | Reinforced synthetic rubber | Above ground |

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10. Sprinkler Information:

| SIZE | OPERATING PSI | SPRINKLER OUTPUT (GPM) | TOTAL NUMBER OF SPRINKLERS | MAXIMUM NUMBER USED | TOTAL SPRINKLER OUTPUT (CFS) |
|------------------|---------------|------------------------|----------------------------|---------------------|------------------------------|
| Garden hose 3/4" | 40 psi | ~ 9 gpm | ~ 10 | 3 | 0.06 cfs |

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Drip Emmitter Information:

| SIZE | OPERATING PSI | EMITTER OUTPUT (GPM) | TOTAL NUMBER OF EMITTERS | MAXIMUM NUMBER USED | TOTAL EMITTER OUTPUT (CFS) |
|------------------------------|---------------|----------------------|--------------------------|---------------------|----------------------------|
| Spot-spitter stakes (Orange) | 20 | 4.2 gph or 0.07 gpm | 2,100 | 1,475 | 0.23cfs |

12. Drip Tape Information:

| DRIPPER SPACING IN INCHES | GPM PER 100 FEET | TOTAL LENGTH OF TAPE | MAXIMUM LENGTH OF TAPE USED | TOTAL TAPE OUTPUT (CFS) | ADDITIONAL INFORMATION |
|---------------------------|------------------|----------------------|-----------------------------|-------------------------|------------------------|
| 6 inches | 0.67 | 43,712 ft | 12,294 ft | 0.18 cfs (82.4 gpm) | None |

13. Pivot Information:

| MANUFACTURER | MAXIMUM WETTED RADIUS | OPERATING PSI | TOTAL PIVOT OUTPUT (GPM) | TOTAL PIVOT OUTPUT (CFS) |
|--------------|-----------------------|---------------|--------------------------|--------------------------|
| NA | | | | |

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

YES

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a:

Storage Tank

YES

Bulge in System / Reservoir

NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

| MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.) | CAPACITY (IN GALLONS) | ABOVE GROUND OR BURIED |
|--|-----------------------|------------------------|
| Metal – Pressure Tank | 119 gallons | Above Ground |
| Metal – Pressure Tank | 119 gallons | Above Ground |
| Metal – Pressure Tank | 119 gallons | Above Ground |

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

NO

If "NO", items 2 through 4 relating to this section may be deleted.

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G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING’S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

NO

If “NO”, items 2 through 4 relating to this section may be deleted.

H. Additional notes or comments related to the system:

Well also supplies the office and old shop area but this water is not metered.

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**SECTION 5
CONDITIONS**

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

| | DATE FROM PERMIT | DATE ACCOMPLISHED* | DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS |
|-----------------------------------|--|--------------------|--|
| ISSUANCE DATE | March 22, 2001 | | |
| BEGIN CONSTRUCTION (A) | NA | NA | NA |
| COMPLETE CONSTRUCTION (B) | NA | NA | NA |
| COMPLETE APPLICATION OF WATER (C) | October 1, 2005 extended to: October 1, 2010 extended to: October 1, 2024 | Spring 2023 | Remainder of the fields was planted, all the permit conditions were met, and water was put to full use. |

* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)?

YES

If “NO”, items a and b relating to this section may be deleted.

a. Did the Extension Final Order require the submittal of Progress Reports?

YES

Extension FO issued August 18, 2006 – Yes

Extension FO issued January 8, 2016 – Yes

If “NO”, item b relating to this section may be deleted.

b. Were the Progress Reports submitted?

YES

Extension FO issued August 18, 2006, Progress report due October 1, 2011 – received October 3, 2011

Extension FO issued January 8, 2016, Progress report due October 1, 2020 – received June 28, 2024

If the reports have not been submitted, attach a copy of the reports if available.

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? **YES**

If "NO", items b through d relating to this section may be deleted.

b. What month was the initial measurement to be taken in?

March

c. Was the measurement submitted to the Department? **YES**

d. If the initial measurement was not submitted, provide that measurement now, if available:

| DATE OF MEASUREMENT | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|---------------------|---------------------|--------|-------------|
| NA | | | |

4. Annual Static Water Level Measurements:

Initial + 1 per Permit G-13885

Initial + 7 per extension FO issued August 18, 2006 (starting March 2007)

a. Was the water user required to submit annual static water level measurements? **YES**

If "NO", items b through e relating to this section may be deleted.

b. Provide the month, or months, the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

e. If the annual measurements were not submitted, provide the measurements now:

| DATE OF MEASUREMENT | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|---------------------|---------------------|--------|-------------|
| NA | | | |

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5. Pump Test:

a. Did the permit require the submittal of a pump test? **YES**

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

If "NO", items b through e relating to this section may be deleted.

b. Has the pump test been previously submitted to the Department? **NO**

c. Is the pump test attached to this claim? **YES**

d. Has the pump test been approved by the Department? **NO**

e. Has a pump test exemption been approved by the Department? **NO**

**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **YES**

If "NO", items b through f relating to this section may be deleted.

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

b. Has a meter been installed? **YES**

c. Meter Information

| POD/POA NAME OR # | MANUFACTURER | SERIAL # | CONDITION (WORKING OR NOT) | CURRENT METER READING | DATE INSTALLED |
|-------------------|--------------|----------|----------------------------|---------------------------------------|----------------|
| Well | Sensus | 62395911 | Working | 24,593,354 gallons (June 11, 2024) | April 6, 2004 |

If a meter has been installed, items d through f relating to this section may be deleted.

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **NO**

If "NO", item b relating to this section may be deleted.

8. Other conditions required by permit, permit amendment final order, or extension final order:

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **NO**

c. Was submittal of a water management and conservation plan required? **NO**

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **NO**

| WELL ID # | DATE ATTACHED TO WELL |
|-----------|-----------------------|
| NA | |

e. Other conditions? **NO**

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

None

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SECTION 6
ATTACHMENTS

Provide a list of any additional documents you are attaching to this report:

| ATTACHMENT NAME | DESCRIPTION |
|---|---|
| Claim of Beneficial Use Map | Claim of Beneficial Use Map |
| State Water Well Report – CLAC 55589 | Well log and driller’s notes for CLAC 55589 – Well |
| BLM Cadastral Map | BLM Cadastral Map T. 4S. R. 1E. showing DLC and Government Lot locations |
| Pump Test Form Cover Sheet and Pump Test Data Sheet | Pumping Test Results for Well (CLAC 55589) conducted May 30, 2024 |
| Request for Assignment by Proof of Ownership | Assignment request from permit holder Randy and Marcie Harris to Marcia Harris Trust, Marcia Harris Trustee |

SECTION 7
CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

The COBU map was prepared using tax assessor’s maps 4 1E 16 and 21, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:
<http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html>

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

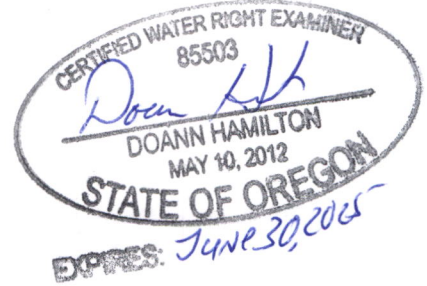
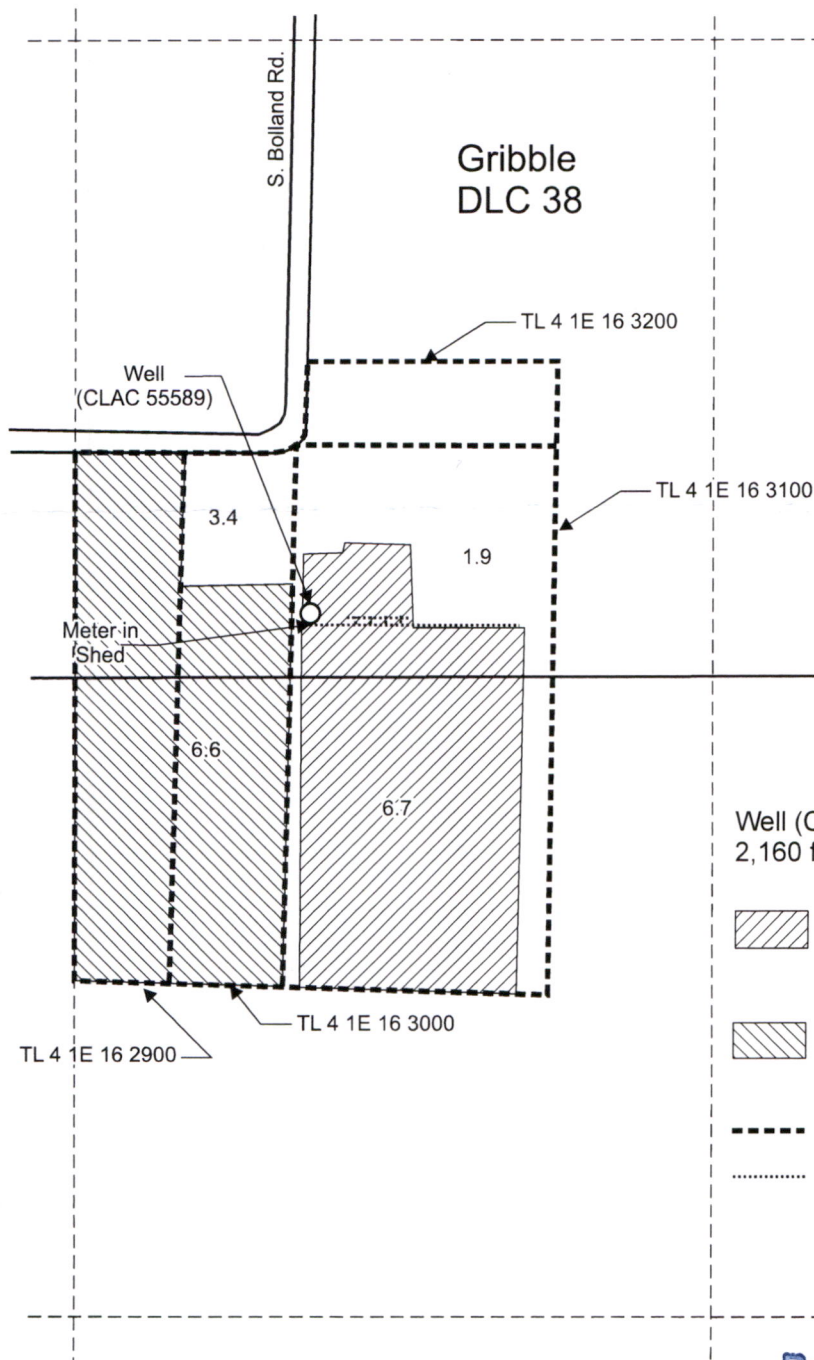
- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)

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- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer (“This map is not intended to provide legal dimensions or locations of property ownership lines”)
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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T.4S. R.1E. Sec. 16 & 21, W.M.



16
21

Well (CLAC 55589) is located 125 feet north and 2,160 feet west from the SE corner, Section 16.

Area (8.6 Acres) irrigated under Application G-15106, Permit G-13885 by Marcie Harris.

Area (10.0 Acres) authorized under Application G-15106, Permit G-13885, excluded from this claim of beneficial use for Marcie Harris.

Tax lot boundary

Water main line

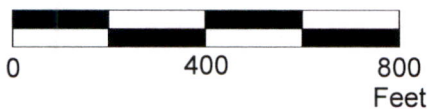
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Scale: 1" = 400'



This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.

Claim of Beneficial Use Map
Application G-15106, Permit G-13885

Marcie Harris
T.4S. R.1E. Sec. 16 & 21, W.M.

Pacific Hydro-Geology Inc.

10/2024

HarrisG-15106COBUMap.cdr

OREGON
WATER WELL REPORT
(as required by ORS 537.765)

NOTES: No original report. This copy was submitted to CLAC 55589 on 6-15-96 and overwritten for readability. (START CARD) # 31518
-Dunn Miller

(1) OWNER: Well Number _____
Name Chris Youngblood
Address 26810 S. Ballard
City Candy State OR Zip _____

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well _____ ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | SEAL | | Amount sacks or pounds |
|----------|----|----------|------|---------------------------|
| Diameter | To | Material | From | |
| 12" | 0 | Cement | 124 | 46 |

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|----------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 8 | 1/2 | 182 | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method perforator
 Screens Type _____ Material _____

| From | To | Shot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 150 | 165 | 1/2 | 300 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 250 | | 165 | 1 hr. |

Temperature of Water 54 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____

(9) LOCATION OF WELL by legal description:
County Clatsop Latitude _____ Longitude _____
Township T4S N or S. Range 1E E or W. WM.
Section 16 SW x SW SE per appl. map
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 4-23-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 150 | 165 | 250 | 28 |

(12) WELL LOG: Ground elevation _____

| Material | From | To | SWL |
|----------------------|------|-----|-----|
| Soil | 0 | 1 | |
| clay sandy | 1 | 29 | |
| gravel | 28 | 29 | |
| clay gray | 28 | 150 | |
| sand, white & medium | 150 | 165 | 28 |
| clay, blue | 165 | 182 | |

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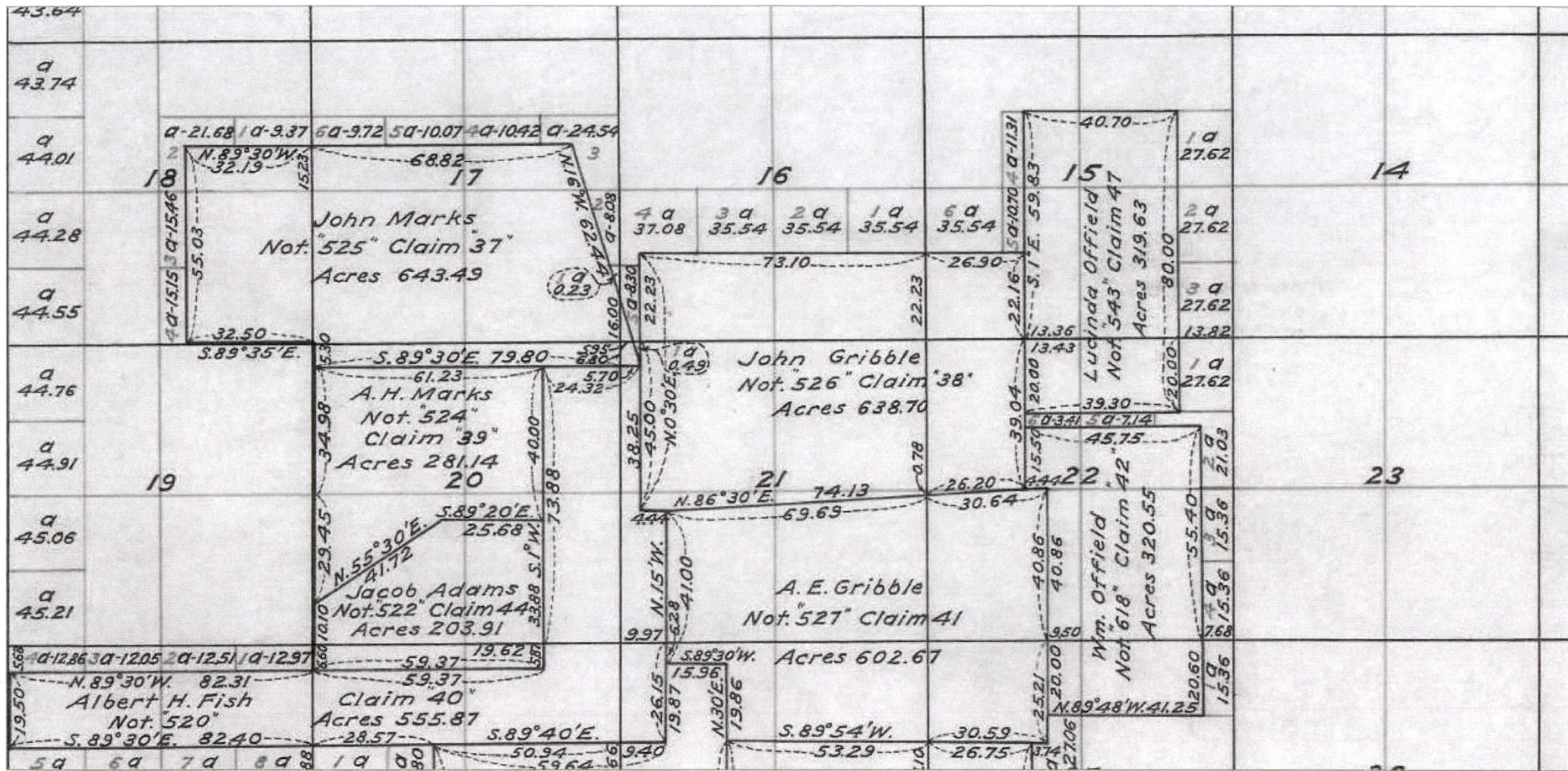
Date started 4-15 Completed 4-23-94
(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 728



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PUMP TEST FORM
COVER SHEET

Owner Information:

| | | | |
|---|-----------|------------------------------|---|
| OWNER NAME/BUSINESS NAME: Marcie Harris / Harris Glen Farms, LLC | | PHONE NO.: (503) 263-4697 | ADDITIONAL CONTACT No.: (503) 341-2333 |
| ADDRESS: 26778 S. Bolland Rd. | | | |
| CITY: Canby | STATE: OR | ZIP: 97013 | E-MAIL: marcie@harrisglenfarms.com |

Pump Test Conducted By (If Different From Owner):

| | | |
|--|---|-------------------------|
| TEST CONDUCTED BY NAME: Jesus Hernandez | QUALIFICATION: (SELECT) Pump Installer | LICENSE #: 7-75CPI |
| COMPANY: Fisher's Supply Inc. | PHONE No.: (503) 263-8557 | ADDITIONAL CONTACT No.: |
| ADDRESS: 659 SW 1st Ave. | | |
| CITY: Canby | STATE: OR | ZIP: 97013 |
| E-MAIL: ap@fisherssupply.com | | |

Tested Well Information (please attach well log(s) if available):

| WELL LOG # (EX: MARI 99999) | WELL TAG # (EX: L-999999) | WELL NAME OR # | WELL DEPTH | ORIGINAL OWNER | DATE DRILLED | TEST DATE |
|--------------------------------|------------------------------|----------------|------------|------------------|--------------|-----------|
| CLAC 55589 | L- | Well | 182' | Chris Youngblood | 4-23-1994 | 5/30/2024 |

(CONTINUED)

| TWP (EX: 25S) | RNG (EX: 31E) | SEC (EX: 12) | QQ (EX: SE/SW) | SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5) | LATITUDE (EX: 44.94473859) | LONGITUDE (EX: -123.02787000) |
|------------------|------------------|-----------------|-------------------|---|-------------------------------|----------------------------------|
| 4S | 1E | 16 | SW SE | 35' N, 2150' W from SE corner, | Sect 16 | |

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

| APPLICATION | PERMIT | TRANSFER | CERTIFICATE | IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT? |
|-------------|----------|----------|-------------|---|
| G- 15106 | G- 13885 | T- NA | NA | <input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form) |
| G- | G- | T- | | <input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form) |
| G- | G- | T- | | <input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form) |

Nearby Wells and Streams: Please check yes or no. Do not leave blank.

Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

| WELL LOG # (EX: MARI 99999) | BEARING & DISTANCE FROM PUMPED WELL (FT) | DATE & TIME PUMP ON | DATE & TIME PUMP OFF | PUMPING RATE (GPM) |
|--------------------------------|--|---------------------|----------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

Is there a lake, stream or other surface water body within 1/4 mile of the tested well?
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approximate distance: _____ ft.
Well elevation is above the surface water body. Approximate elevation difference: _____ ft.

Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: DITCH
How far from the pumped well was water discharged? 1,000 ft.

Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>.



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PUMP TEST FORM
COVER SHEET

Water-Level Measurement Method: Electric Tape *Verify here: { Airline: _____ psi _____ feet.
Length of air line (if used): _____ { E-Tape: 500 _____ feet.

*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):
Manufacturer: _____ Serial #: _____
Date Last Calibrated: _____ Units: _____

Pump Type: Submersible
HP: 7.5 Pump set at: 150 feet.
Pump idle time: _____

Discharge Measurement Method: Flowmeter
Flowmeter (if used):
Manufacturer: _____ Serial #: _____
Date Last Calibrated: _____ Units: _____

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Measuring Point (MP): Measuring point distance above land surface .83 feet.
Description (e.g., top port of 1 inch port pipe, west side) _____

Time pump turned on: Date 5-30-24 Time 10:00AM
Time pump turned off: Date 5-30-24 Time 2:00PM
Total pumping time: 4 hours 0 minutes.

Remember, your pump test may not be approved unless it meets the following criteria*:

- The discharge rate was held constant for the entire pumping phase.
- The pump was on during the entire pumping phase (≥ 4 hours).
- The discharge was measured at the start of pumping and at least once every hour during the test.
- Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- The pump test cover sheet was completely filled out and signed.
- The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- The well was idle for at least 16 hours prior to the test.
- The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

*This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:
https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSsl-277278532?selectedDivision=3186.

Submit forms to: Attn: Certificates Section, Oregon Water Resources Department
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: [Signature] DATE: 5/31/24

OWNER SIGNATURE: _____ DATE: _____

Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>.

OWRD 20200115

